

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010610	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 05/21/2014
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF MICHIGAN CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 E COOLSPRING AVE MICHIGAN CITY, IN 46360		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00145409 completed on April 10, 2014.</p> <p>This visit was in conjunction with the PSR to the PSR to the State Residential Licensure Survey completed on January 30, 2014.</p> <p>Complaint IN00145409-Corrected</p> <p>Survey date: May 21, 2014</p> <p>Facility number: 010610 Provider number: 010610 AIM number: N/A</p> <p>Survey team: Caitlyn Doyle, RN-TC Heather Hite, RN</p> <p>Census bed type: Residential: 60 Total: 60</p> <p>Census Payor type: Other: 60 Total: 60</p> <p>Sterling House of Michigan City was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the Investigation of Complaint IN00145409.</p> <p>Quality review completed on May 22, 2014, by Janelyn Kulik, RN.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE